

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|------------------|
| Date Of Report | 12/10/2020 09:40 |
| Date Of Accident | 22/09/2020 19:30 |
| Exact Location Of Accident | TELOK BLANGAH RD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | FBH800S |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|---------------------------------|
| Name Of Registered Owner | MOHAMED NOOR BIN MOHAMED HANIFA |
| NRIC No | SXXXX158H |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84282129 |
| Alternative Phone No | OFFICE-84282129 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | KAWASAKI |
| Model | KR150K-148CC |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | NO |
| Policy Number | MSD/VMT/19-406878-CA |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------------|
| Name of Driver | MOHAMED NOOR BIN MOHAMED HANIFA |
| NRIC No | SXXXX158H |
| Date Of Birth | 27/07/1995 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 21/02/2018 |
| Driving Experience | 2 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84282129 |
| Fax Number | |
| Contact Number | OFFICE-84282129 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 916 JURONG WEST ST 91 #10-164 |
| Postcode | 640916 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OWNER |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | YES |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | YES |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | TRAFFIC POLICE DIVISION HQ |
| Police Station Address | ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 65470000 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT T/20201007/2073

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SDP9166P |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|---------------------------------|
| Name | MOHAMED NOOR BIN MOHAMED HANIFA |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | FBH800S |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

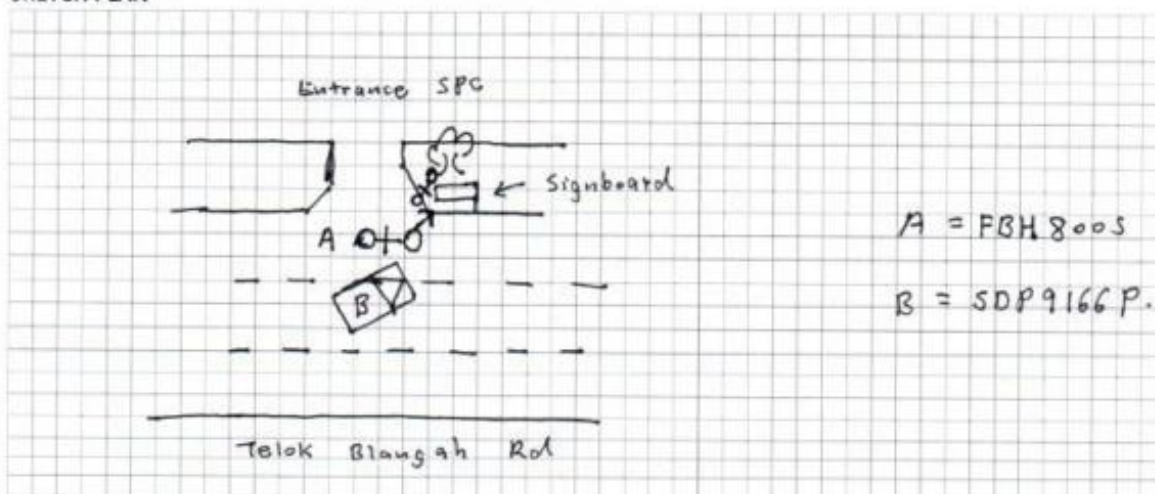
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/20201007/2073

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201007/2073

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20201007/2073

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------|
| Date/Time Report Made: 07/10/2020 15:46 | Vide Report No.: | Station Diary No.: |
|--|------------------|--------------------|

| Informant's Particulars | | | |
|---|------------|---|-----------------------------|
| Name of Informant: MOHAMED NOOR BIN MOHAMED HANIFA | | Address: APT BLK 916 JURONG WEST STREET 91 #10-164 NANYANG EMERALD SINGAPORE 640916 | |
| ID Type / ID No.: NRIC NO / S9527158H | | Contact No.: Home/Office: Mobile: 84282129 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 25 | Date of Birth: 27/07/1995 | Type of Informant: Rider |
| Race: Indian | | Language: English | Institution / School Name: |
| Occupation: OTHERS | | Driving Licence Information: Class: 2B Date of Expiry: | |

| General Information of the Accident | | | | |
|---|------------------------------|----------------------|--|------------------------------------|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 22/09/2020 19:30 | Type of Location: Straight Road |
| Location: TELOK BLANGAH ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: No Traffic | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: Yes | |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|---------------|-------------|--------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBH800S | Motorcycle | KAWASAKI | KR150K | Silver | Seriously Damaged | 0 |
| SDP9166P | Car | MERCEDES BENZ | C CLASS 180 | Beige | Slightly Damaged | 0 |

| Details of Vehicle Insurance | | | | |
|------------------------------|--------------------------------------|----------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBH800S | MSIG INSURANCE (SINGAPORE) PTE. LTD. | MSDTMT19406878 | 25/11/2019 | 24/11/2020 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201007/2073

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20201007/2073

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------------|--|-----------------------------------|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MOHAMED NOOR BIN MOHAMED HANIFA | ID No. | S9527158H |
| Related Vehicle | FBH800S (Motorcycle) | Contact No. | 84282129 |
| Hospital/Clinic | NATIONAL UNIVERSITY HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 22/09/2020 | Date Discharge | 06/10/2020 |
| No. of Days granted Medical Leave | 33 | Degree of Injury | Slight |
| Driver | | | |
| Name | JOLENE | ID No. | NIL |
| Related Vehicle | SDP9166P (Car) | Contact No. | 96644033 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION. I WAS RIDING ON THE STRAIGHT ROAD NEAR TO THE SPC PETROL KIOSK. I WAS ON THE MIDDLE LANE OF 3 LANES BEHIND THE CAR. I NOTICED THAT THE VEHICLE WAS MOVING SLOWLY SO I MOVED TO THE LEFT LANE. AS I WAS DRIVING ON THE LEFT LANE, THE CAR THEN MOVED INTO THE LEFT LANE WITHOUT SIGNALLING AND COLLIDED AGAINST MY RIGHT SIDE. MY BIKE MOUNTED OVER THE KERB OF THE SPC PETROL KIOSK AND HIT ONTO THE NEARBY TREE WHILE I ROLLED FORWARD. TRAFFIC POLICE AND AMBULANCE AND I WAS CONVEYED TO NUH. THE DRIVER DID NOT OFFER ANY HELP. I WAS ADMITTED FOR 2 WEEKS AND RECEIVED 33 DAYS MC. THATS ALL.

IO IN CHARGE MUHAMMAD AFIQ TEL 65476171

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20201007/2073

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20201007/2073

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
TP /
MUHAMMAD DANIAL BIN KHAIRILAMRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/10/2020 15:46

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



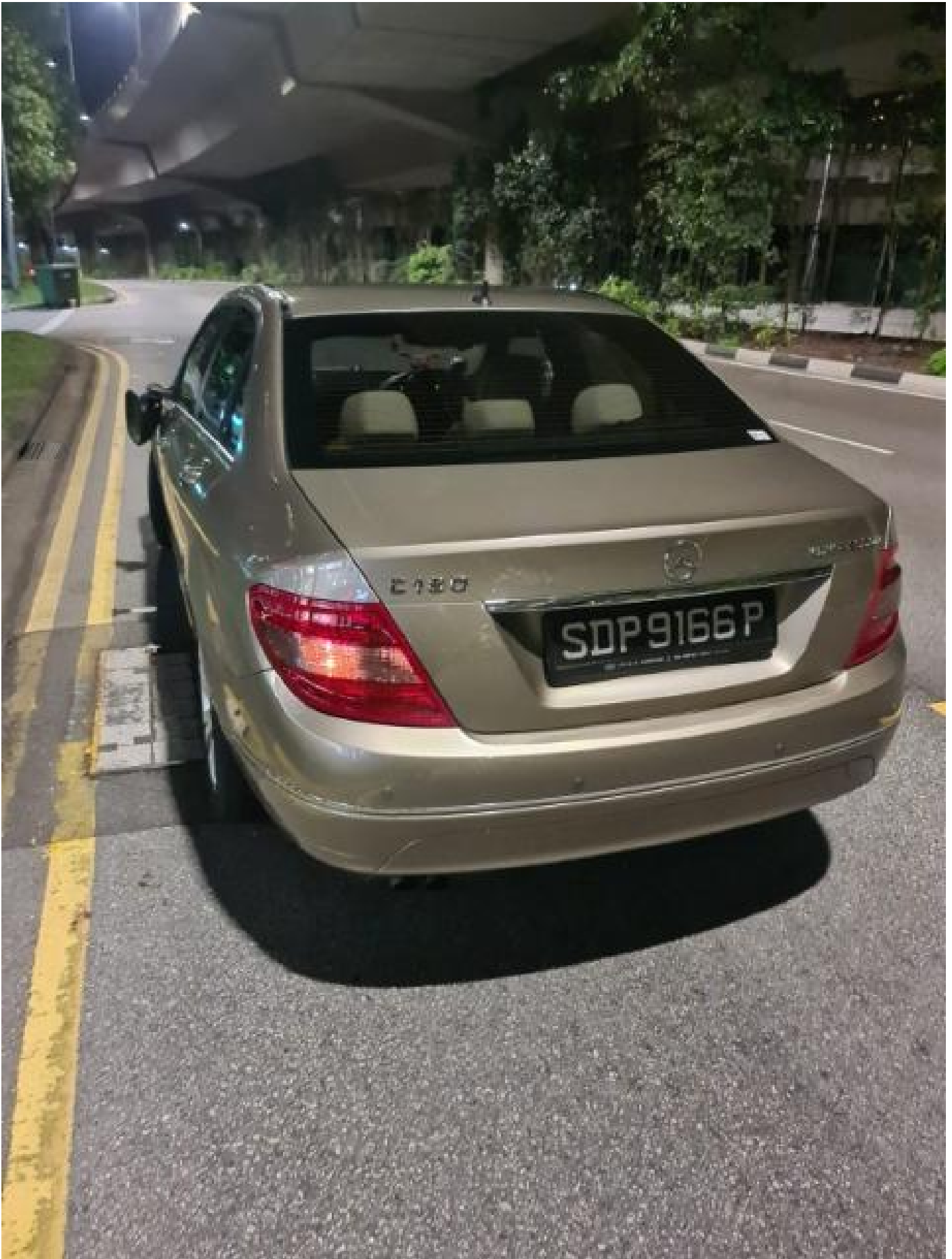
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



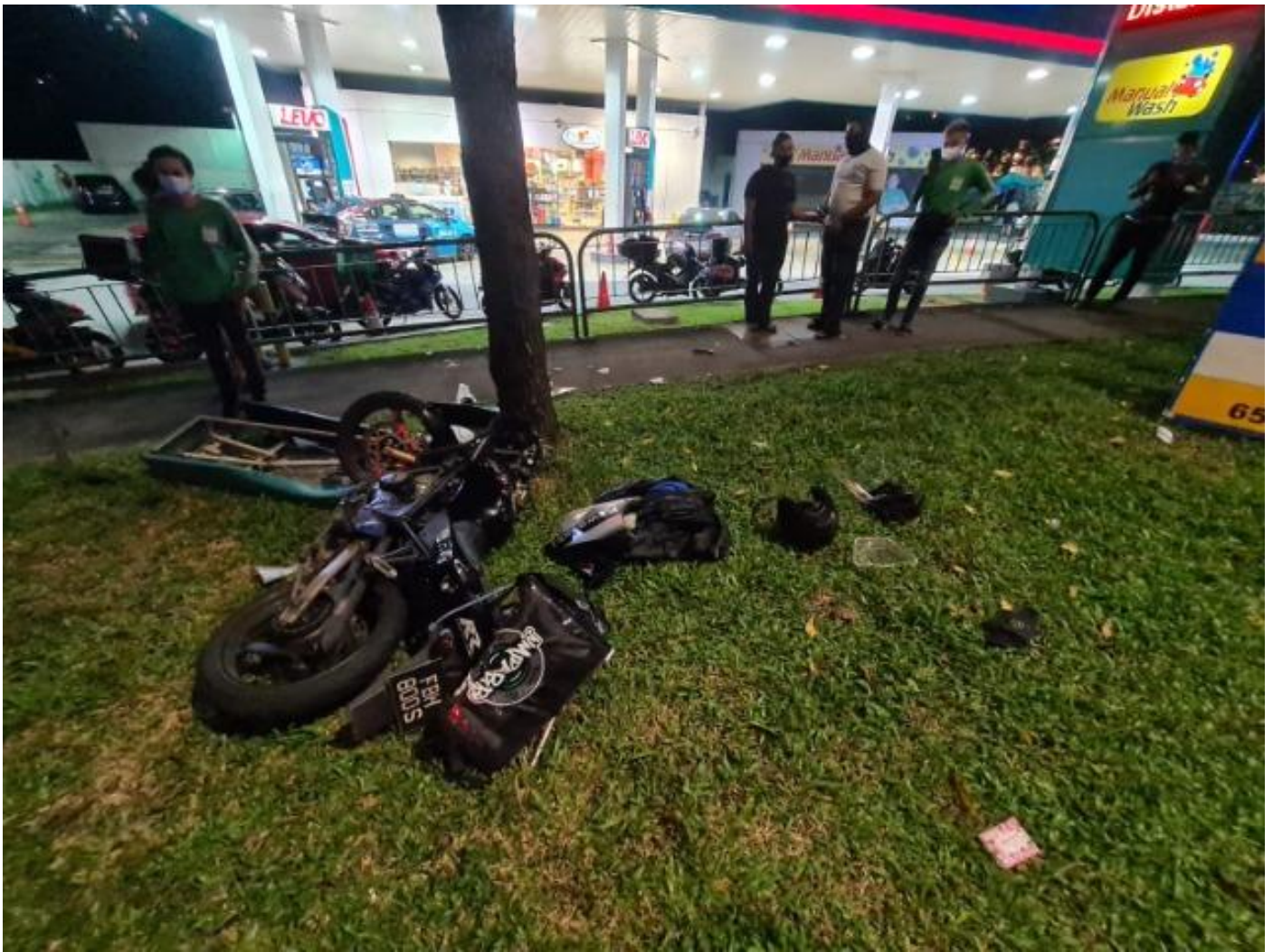
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA120088792 Vehicle Registration No: FBH800S
Name(as shown in NRIC) : MOHAMED NOOR BIN MOHAMED HANIFA NRIC/FIN/Passport No : SXXXX158H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : B1k 916 JURONG WEST ST 91 #10-164 Singapore(640916)
Contact (Tel) : _____ Mobile No. : 84282129
Email Address : _____
Date of Accident : 22/09/2020 Time of Accident : 19:30
Place of Accident : TELOK BLANGAH RD
Insurance Company : _____ MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend I have been approached by unknown person(s) soliciting/offering accident claims assistance

to: YES

Policyholder / Driver's Signature

Date: 31/10/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: